



Tolleson Union High School District  
Class/ Activity Fee Waiver/ Payment Plan

2017-2018

☐ TUHS ☐ WHS ☐ LCHS ☐ CCHS ☐ SLHS ☒ UHS Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ (Last) (First) DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID #: \_\_\_\_\_ Student SAIS #: \_\_\_\_\_ Grade: \_\_\_\_\_

Currently Participating in Free/ Reduced Price Lunch? ☒ Yes ☐ No (Information will be verified)

**Note: Must be enrolled in program at time of registration**

Fee Waiver/ Payment Plan request letter sent to parent? ☒ Yes ☐ No

Requesting Fee Waiver/ Payment Plan for Class/ Activity Fee

\_\_\_\_\_ AP Testing \_\_\_\_\_

Total Amount: \_\_\_\_\_

*I hereby certify that the above information is true and correct.*

\_\_\_\_\_  
Parent Signature Date: \_\_\_\_\_  
MM/DD/YYYY

\_\_\_\_\_  
Student Signature Date: \_\_\_\_\_  
MM/DD/YYYY

-----Office Use Only Below this Line-----

Payment Plan ☐ Yes ☐ No Payment Plan Schedule /Amount \_\_\_\_\_/\_\_\_\_\_

Waiver ☐ Yes ☐ No Fee Waiver/ Amount \_\_\_\_\_/\_\_\_\_\_

School Community Hours ☐ Yes ☐ No Description \_\_\_\_\_

*Comments (Below)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Administrator Approving Waiver Fee/ Payment Plan: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_